

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

The time while for correction of each violation is specified in the harrance portion of this report.							
Establishme	ent Name	Do	llar General #11506	Telephone Number 8 2 - 9 51 - 1417	Date of In (mm/dd/y	PERMIT #	
				4	8-2	2.10 1	
Establishment Address (number and street, city, state, zip code) 7730 St Rd 64 Georgetown, IW 47122				615-855-4000	2.7	81	
Owner O. / - C. //a				Purpose:	Follow-u		
Owner's Address				1. Routine	/ 	17. 7.7	
Owner's Ac	100 /	14,	rsion Ridge Goodle Hsulle IN	2. Follow-up 3. Complaint	Summary of Violations:		
Person in C		lic	cia (Tay) BURNING 37072	4. Pre-Operational	$C \sim NC \sim R \sim R$		
Responsible				5. Temporary	Menu Ty	pe (See back of page)	
<u> </u>				6. HACCP			
Certified Fo	ood Manag	er		7. Other (list)	$ _1 _2$	3 4 5	
		, 	n/a				
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative			To Be Corrected By	
310	NC		Observed dust buildup	on exhaust		Z days	
				DON 5.			
421	NC		Observed sweeping, no			2 havs	
1 3			baseboards in assles	Cor Williams		2 0 - 7 5	
			Socie souro la 171 de ser				
,							
				,		:	
		ļ					
						_	
				· · · · · · · · · · · · · · · · · · ·			
	1						
		<u> </u>				 	
	<u> </u>	-					
		<u> </u>					
					•		
Received by (name and title printed): Inspected by (name and title printed): Thomas of the printed of the pri							
Received by (signature): Inspected by (signature):							
Thomas Snider, EHS							
cc:			co:		cc:		